

Comas

(Surname.)

Kostas

(Christian name in full.)

2,669,640

(Army serial number.)

Pvt

Co A 309th Inf.

(Rank and organization.)

State your relationship to the deceased

brother

Do I desire the remains brought to the United States?

No

(Yes or no.)

If remains are brought to the United States, do you wish them interred in a national cemetery?

(Yes or no.)

If you desire the remains interred at the home of the deceased, give full information below as to where they should be sent:

(Name of person to receive remains.)

(Express office.)

(Telegraph office.)

(Number and street.)

(City or town.)

(State.)

(Sign here)

George Comas

803 Columbus ave New York City N.Y.

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

Drawn by P.T.

3-15-21

1232-See 3-35

checked
3/16/21
JH

35*

To The A. G. O.

2177

MAR 10 1926

G.R.S. Form #114-B

✓ FULL NAME COMAS, Kostas *Sgt. Sig*

✓ RANK Pvt. ✓ SERIAL 2669640. ✓

✓ DIVISION & ORGANIZATION Co. A, 309th Inf. ✓

DATE OF DEATH *DIV - 78*
Oct 19, 1918 ✓

STATE FROM WHICH HE CAME *N.Y.* ✓

MEDALS OR DECORATIONS AWARDED: *none* ✓

FINAL GRAVE LOCATION..... 17 9 B.....
Date Grave Row Block

Meuse-Argonne, #1232

Cemetery

U. Davis,
Major General,
Adjutant General,
by *RVR*

MAR 15 1926

4
A. G. O.
MAR 11 1926
WORLD WAR DIV.

MAILED
MAR 16 26
M. & R. BRANCH
O. Q. M. G.

Not Rep 12/10/18 JLL

Oct 1918

GRAVE LOCATION BLANK



LOCATION OF THE GRAVE OF

Comas *2669640* *Kostas*

(Surname.) (Number.) (First Name and Initials.)

Co. A., 309th Inf.

(Rank.) (Organization.)

DATE OF BURIAL Nov. 10 1918

PLACE OF BURIAL Bois de Loge

(Give Cemetery, Town and Department.) Map reference must specify clearly what map is used.

Buried within woods

86.3 - 96.3 Buzancy Map No. 79

GRAVE NUMBER

HOW MARKED: Name Peg? *yes* Cross?

Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body? *yes*

Was one fastened to name peg or stake used as a grave marker? *yes*

If name unknown and tags missing, description and marks should be given here:

REPORTED BY:

Chaplain Lockhart, 53rd Pioneers

(Signature and Rank of Reporting Officer.)

This portion to be forwarded to Adj. Gen'l., G. H. Q., A. E. F.

Co A 309 Inf.

78
COMAS Kostas Pt 2669610

Missing in action Oct 19 th

Ref. I5213, Costas Comas, 2669640, reported on December 29th, as having been killed November 1st. This soldier was buried November 10th, within the Bois de Loge. His body evidently was not found until several days after he was killed.

Informant: R.R. LEAYCRAFT, Searcher
A R C 79 th Division.

J.L.

1. P.

INFORMANT: V. K. C. DE FR. DISTRICT.
B. K. TRAVELER, GENERAL

REPORTED MISSING IN ACTION
ON 10/19/18. THIS SOLDIER WAS REPORTED
DEAD ON 1/8/19. CAUSE OF DEATH
UNDETERMINED.

Co A. 309th Infantry

78

COMAS Kostas Pvt 2669610

Missing October 19th 1918

" Reported missing in action 10/19/18 C.C. 310 .
Now reported dead , date and cause undetermined C.C. 403

Informant : Central Records Office .
January 8th 1919

C.F.

CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	COMAS	3	3 0-0
	Kostas		
BURIED	CEMETERY 1232	1	1
	GRAVE 17	2	17
	ROW 9	2	09
	BLOCK B	1	2
STATE	Ny	2	37
RANK	Pvt	1	2
DIVISION	78	2	78
ORGANIZATION	309	3	309
ARM	Inf	1	1
MARITAL	Mar	1	2
NAME	Kommatsoulakis	3	0 0 0
	Mrs Anna Emma		1 5 3
STATE		2	
RESIDENCE		2	
	No loca	3	
RELATION	mother	1	1
OTHER		1	
ELIGIBILITY	Foreign	1	4
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE	country	1	
29/5147	Greece	2	03

AUDITED
 MAR 16 1958
 RSM
 S.

1070

WAR DEPARTMENT
 OFFICE OF THE QUARTERMASTER GENERAL
 WASHINGTON

DATE 8/22/31

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Comas, Kostas	Pvt.	2669640	Co. A, 309th Inf.	10/19/18

STATE	CTY. NO.	GRAVE	ROW	BLOCK
	1232	17	9	B

NAME AND ADDRESS	Check relationship	Living - Deceased
	<u>MOTHER</u> <i>Comp</i>	: <input checked="" type="checkbox"/>
STERMOTHER (For the year prior to commencement of service)	: <input type="checkbox"/>	: <input type="checkbox"/>
MOTHER THRU ADOPTION (For the year prior to commencement of service)	: <input type="checkbox"/>	: <input type="checkbox"/>
MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	: <input type="checkbox"/>	: <input type="checkbox"/>
<u>WIDOW</u> (Who has not remarried)	: <input type="checkbox"/>	: <input type="checkbox"/>
<i>Single man</i>	: <input type="checkbox"/>	: <input type="checkbox"/>

W

Anna Emma Komatsoulaki Pithari Aronion Kydonias, Chaniion Crete, Greece

Veterans Bureau Claim Number 146 596
 29/156

3-6-33

REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

84174

Name: COMAS, Kostas
(Comas, Costas)
Rank: Unkn

Number: 2669640

Organization: Co A 309th Inf.

Disinterment and Reburial made by Group

Unit

Disinterred (Date)

From: (Give complete location)

20th, March, 1919

Grave #1 ISOLATED GRANDPRE, ARDENNES

Map 35 N.W. E 294.6 N 287.5

But not

Reburied (Date)

in: (Give complete location)

20th, March, 1919

Grave#2 Section #3 Plot #1

Amer. B.A.Cty. #1232 ROMAGNE, MEUSE

Map 35 N.E. E 308.16 N 285.

1232

Report as to nature of original burial and condition of body upon disinterment:

Burial very poor. Body badly decomposed.

Was one identification tag found upon the body? No

What other means of identification were found on the body? None

10398

Note:

CONFIRMED N° D 10398

If upon disinterment, effects are found upon bodies, they will be promptly sent to the Effects Depot direct as is required by G.O. 170, G.H. 2, 1918., after being carefully examined for clues to identity in doubtful cases, notation whereof will be made and reported to Chief, Graves Registration Service.

R. H. ROSENTHAL

Supervised by: Gove S, Wright, Lt.

2nd Lieut. O.M.C.U.S.A.

C.O. Group _____ Unit _____

In reply refer to:
293.8 C-R
84174

File

Nov. 22, 1922.

Mrs. Anna Comas,
Cantes, Crete,
Greece.

Dear Madam:

The Quartermaster General desires that you be informed that the permanent grave of the late Private Kostas Comas, Company A, 309th Infantry, is Grave 17, Row 9, Block B, Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Department of Meuse, France.

This is one of the permanent American military cemeteries to be maintained by this Government in Europe. Each grave will be marked by a headstone of white marble, of suitable design, with name, rank, organization, date of soldier's death and State from which he came. The headstones will be placed at all graves in connection with the improvement work now in progress, as soon as possible and without waiting for special action or request on the part of relatives.

In effecting removal, the utmost care and reverence were exacted and more than willingly accorded by those performing this sacred duty. The grave of the deceased will be perpetually maintained by this Government in a manner befitting the last resting place of our heroes.

Very truly yours,

H. J. CONNER,
Assistant.

22/1281/ARK

MAILED
NOV 23 1922
C.R.S.

ms
hs
ACTH

rem

DATE 3/15/22.

1. NAME COMAS, Kostas SERIAL No. 2669640

RANK Pvt. ORGANIZATION Co. M. 310th Inf. # 309

GRAVE LOCATION Meuse-Argonne Amer. Romagne-sous-Montfaucon, Meuse. 1232 - 3
 CTY. NAME NUMBER

2 Sec.3. 1
 GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 1 Isolated Champigneulle (Ardennes)
 GRAVE COMMUNE DEPT.

COORDINATES 35NW 287.5N 294.6E.

CONCENTRATED TO 3.20.19. 2 3. 1.
 DATE GRAVE ROW PLOT

Meuse Argonne 1232.

CEMETERY CTY. NUMBER

Data concerning any identification found on remains when concentrated, such as collar insignias, letters, broken bones, missing parts, etc.

Identified by letter attached to cross.

F 1

SUBSEQUENT REBURIALS

no DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR

M. B. Birdseye

M. B. BIRDSEYE
1st Lt., Q.M. Corps, U.S. Army

3. FINAL GRAVE LOCATION 3/15/22. 17. 9. Block B.
 DATE GRAVE ROW PLOT

AUDITED BY
9.11.8

Meuse-Argonne American Cemetery #1232, Romagne-sous-Montfaucon, Meuse.
 CEMETERY

10-6-22

RECEIVED
GRAVES REGISTRATION SERVICE

7 1922

INSTRUCTIONS FOR PREPARATION OF FORM 114 B

1. Forms 114-B are to be prepared by Registration Branch in quadruplicate, three copies to be forwarded to Area Supervisor who will accomplish paragraph 2 and return all three copies to Headquarters, American Graves Registration Service.

2. Paragraphs 1 and 3 will be accomplished by Registration Branch, Headquarters, American Graves Registration Service, Q.M.C., in Europe.

3. Paragraph 2 will be accomplished by Area Supervisor from data on file in his office.

4. If data is entered on Form 114-B from Form 1, Form 16, Form 1-A or Form 16-A, statement to this effect will be made on Form 114-B STATING WHICH G.R.S. form data is taken from. If data concerning co-ordinates is approximate and NOT accurate, statement to this effect will be made on these forms.

OFFICE OF THE QUARTERMASTER GENERAL
CEMETERIAL DIVISION
OVERSEAS PROJECT SUB-SECTION

Please rush!

Harlow C.W. *†*

March 4/26

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

C 146596

Comas, Kostas, Pvt.

1232-Sec.3 - 35

3/16/21.

SERIAL NUMBER

ORGANIZATION

2669640

Co. A, 309th Inf.

Copy forwarded to
Adjustment Department

Date of death - 10/19/18.

Date 4-15-21 8/26

WAR RISK INSURANCE INFORMATION

NAME OF BENEFICIARY

DATE April 9, 1921.

Mr. George Comas,

RELATIONSHIP

Address

Brother

803 Columbus Ave., New York, N.Y.

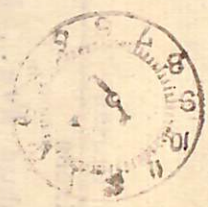
S-709/MB

RECEIVED BY
MAIL UNIT

MAY 26 1921

Cemeterial Division
Overseas Project Sub-Section

APR 28 1921



CEMETERY

RECEIVED BY MAIL UNIT

MAY 26 1921

CEMETERY

RECEIVED BY MAIL UNIT

CEMETERY

84174

from

89923

89923

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

COMAS, 2669640, Kostas

(Surname). (Number). (First Name and Initials).

Pvt. Co. A 309th., Infantry

(Rank). (Organization).

PLACE OF DEATH: Bois De Loges Woods

CAUSE OF DEATH: Machine Gun

DATE OF BURIAL:

PLACE OF BURIAL: Bois de Loges

(Give Cemetery, Town and Department). Map references must specify clearly what map is used.

NAME: Grand Cre (Ardennes)

(C. 248) SHT. 357 W COORD

GRAVE NUMBER:

HOW MARKED: Name Peg? Cross?

Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body?

Was one fastened to name peg or stake used as a grave marker?

If name unknown and tags missing, description and marks should be given here?

NEAREST RELATIVE: Anna Comas

ADDRESS: Carter Crete Greece

RELATIONSHIP: Sister

Unable to furnish any information

REPORTED BY: J. D. Mosher 1st Lt. 309 Inf.

(Signature and Rank of Reporting Officer).

This portion to be sent to Chief of Graves Registration Service.



Communal List No. 248-2701
Daily Report No. _____



84174

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Cornae _____ **C.**
(Surname.) (Number.) (First Name and Initials.)

_____ **Co. A., 309th Inf.**
(Rank.) (Organization.)

DATE OF BURIAL _____ **Nov. 10 1918**

PLACE OF BURIAL _____ **Bois de Loge**

(Give Cemetery, Town and Department.) Map reference must specify clearly what map is used.

Buried within woods **N**

86.3 - 96.3 Buzancy Map No. **79**

GRAVE NUMBER _____

HOW MARKED: Name Peg? **yes** Cross? _____
Headboard? _____ Bottle? _____

IDENTIFICATION TAGS:

Was one buried with body? **yes**

Was one fastened to name peg or stake used as a grave marker? **yes**

If name unknown and tags missing, description and marks should be given here:

CORPSE Grandpre (Ardennes)
248 35 NW COUSIN E 294
N 288

REPORTED BY:

Chaplain Lockhart, 53rd Pioneers

(Signature and Rank of Reporting Officer.)

This portion to be sent to Chief of Graves Registration Service.

29 Nov 1872
C. W. ...

248-760

Copyrighted by ...
Printed by ...

G.R.S Form No. 8-W; Central Records
 Card Section 3, Liaison.
 Jan. 20, 1920.

Memo For: G.R.S. representative, C.R.O.
 Subject: Information required for G.R.S.

FILE

1. Items checked are to be completed:

✓ Surname: Comas
 ✓ Number: 2669640
 ✓ First name: Kostas
 ✓ Rank: Private
 ✓ Company: A
 ✓ Organization: 309th Infantry

✓ Date of death: 10/19/18
 ✓ Cause: *unlabeled*
 ✓ Place: Died - not shown.

Location of hospital:

Number " "
 Class " "

✓ Emergency address: Gen. Comas
 1835 3rd Ave

✓ Relationship: N.Y. City
 Brother

Authority:

Cablegram No:

Telegram from:

~~403 SP 27~~ ee408

dated: *over*

✓ Reported to Washington:

C.C.Nos. 408

(Underscore the "official" C.C.)

Remarks:

CHARLES C. PIERCE,
 Colonel, Q.M.C., U.S.A.

R. Zimmerman

MDA

now reft dead - date & cause of death to be determined

CC 310

Died 10/19/18 CC 408

Date of birth:

Service No:

Address:

Registration:

Residence address:

Street:

Number:

Location of residence:

Place:

County:

Date of death:

Identification No: 30889 INITIALS

Company: V

Service: PLATON

Service name: KOSTA

Number: 308890

Signature: [illegible]

I have checked this to be complete:

FILE

Subject: Information regarding [illegible]

Name: G. H. S. [illegible]

Date: 10/18/18

Signature: [illegible]

Position:

Address: [illegible]

308890

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON

2-201 AMS-MH

FILE
89923

IN REPLY
REFER TO

201(Comas, Kostas)WW

February 13, 1920.

From: The Adjutant General of the Army
To: The Quartermaster General of the Army,
Washington, D. C.
Subject: Notification of Death

1. Upon investigation it has been ascertained by the War Department that Private Kostas Comas, 2,669,640, Company A, 309th Infantry, who was previously reported in Cablegram 310 as missing in action October 19, 1918, and later reported buried, was killed in action October 19, 1918. A notation to that effect has been placed upon the official records.

2. It appears from the records that the deceased was enlisted April 5, 1918, and gave the name of the person to be notified in case of emergency as: Anna Comas, (Mother), Cantes, Crete, Greece.

By order of the Secretary of War:

D. C. Harris
The Adjutant General.
Per: *m a r*



3-301 (Rev. 1-11)

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON

February 12, 1920.

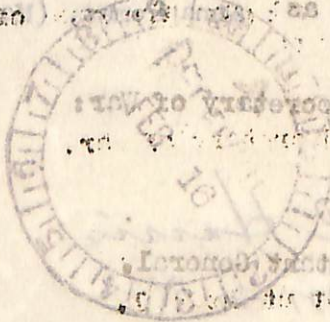
301 (General, Kostas) (M)

IN REPLY
TO

FROM: The Adjutant General of the Army
 TO: The Quartermaster General of the Army
 Subject: Notification of Death

1. Upon investigation it has been ascertained by the War Department that [Name] was reported buried in the 300th Infantry, who was previously reported in Captain's rank as missing in action October 19, 1918. A notation to the effect that the official records of the War Department have been placed upon the official records of the War Department.

2. It appears from the records that the deceased was [Name] and gave the name of the person to be notified in case of emergency as [Name].



By order of the Secretary of War:
 [Signature]

The Adjutant General
 War Department

Reference: 89923.

89923

AMERICAN EXPEDITIONARY FORCES
HEADQUARTERS SERVICES OF SUPPLY
OFFICE OF THE CHIEF QUARTERMASTER, A.E.F.
GRAVES REGISTRATION SERVICE

April 22, 1919

FROM: Chief, Graves Registration Service, American E.F.
TO: Home Communication Section A. R. C., Paris.
SUBJECT: Pvt. Kostas Comas.

Burial information not yet advised. Inquiry is being made, the result of which will be communicated to you in due course.

By direction

CHARLES C. PIERCE
Lieut.-Colonel, Q.M.C., U.S.A.

per

MAURICE B. DIX,
Captain, American Red Cross,
Representative assigned to
Graves Registration Service.

MBD/RS.

✓

15215

AMERICAN RED CROSS

INTER-OFFICE LETTER

From Home Communication Section Date February 15, 1919

To Graves Registration Bureau, A P O 717

Subject Pvt Kostas Comas, 26696 10, Co A., 309 Inf

For your information we give you below report on the above soldier made by our Division Searcher, under date of January 6:

"Ref. 15215, Costas Comas, 2669640, reported on December 29, as having been killed November 1. This soldier was buried November 10, within the Bois de Logé. His body evidently was not found until several days after he was killed."

If you have anything on your records that will help us to verify the death of this soldier we would appreciate your advising us if it is consistent with your regulations inasmuch as Washington is cabling us to obtain verification of his death, stating that his family have received a letter from him since the report of his death.

LP/K

Home Communication Section
Bureau of Home and Hospital Service

J. S. Page

3/8/19

89923



AMERICAN RED CROSS

(CROIX-ROUGE AMÉRICAINÉ)

January 10, 1919

15213



From Home Communication Section
To Captain M. B. Dix, Graves Registration Bureau, A P O 717
Subject Pvt Kostas Comas, 2669610, Co A., 309 Inf

Washington has cabled for verification of the death of the above soldier who is reported to us as missing in action October 19. Will you kindly advise if the records of Graves Registration show anything on this case?

Home Communication Section
Bureau of Home and Hospital Service

LP/K

1/27/19

84923

G. R. S. FORM NO. 12

GENERAL HEADQUARTERS
AMERICAN EXPEDITIONARY FORCES
ADJUTANT GENERAL'S OFFICE.

FROM : ADJUTANT GENERAL.
TO : C.O.Co. A 309th., Infantry
SUBJECT : Information for burial register.

1. You are directed to transmit without delay to the Chief, Graves Registration Service, the information indicated on enclosed Graves Location Blank as necessary for the completion of official records.

By Command of General Pershing:

Robert C. Davis
Adjutant General.

Note:

In case this item is checked, you will note hereon:

Nearest relative of deceased:

Relationship: Sister Anna H. Comas
Address: Cantos Creto Greece.

RECEIVED
A.M. 31 Mar 19 P.M. 3
O.C.D.M.
G.R.S.

RECEIVED
A.M. 16 Apr 19 P.M. 3
O.C.D.M.
G.R.S.

TO: - REGISTRATION BRANCH, G.R.S.

FILE NUMBER

From: - *QAC*

Date: *2/8/19*

89920

Please furnish information as indicated below regarding the following soldier:

NAME *COMAS, KOSTAS*

NUMBER *2669640*

RANK *PVT.* ORGANIZATION *Co. A, 309 INF.*

No	Question	Reply
<input checked="" type="checkbox"/> 1	Do particulars of soldier given above agree with Records?	① <i>yes</i>
<input checked="" type="checkbox"/> 2	Date of Death	② <i>to be determined.</i>
<input checked="" type="checkbox"/> 3	Cause and place of death	③ <i>" " "</i>
<input checked="" type="checkbox"/> 4	Number of Casualty Cablegram	④ <i>403 - Sub par. 27</i>
<input checked="" type="checkbox"/> 5	Date buried	⑤ <i>no Burial Information</i>
<input checked="" type="checkbox"/> 6	Grave Location (a) Complete record required (b) Name of Cemetery or Commune only required	
<input checked="" type="checkbox"/> 7	Who reported burial	
<input checked="" type="checkbox"/> 8	Has report been confirmed by G.R.S.	
<input checked="" type="checkbox"/> 9	Report as to Identification Tags	
<input checked="" type="checkbox"/> 11	Who is nearest relative?	
<input checked="" type="checkbox"/> 12	Has N/R been notified? (Give date)	
<input checked="" type="checkbox"/> 13	Report the exact position of your inquiry on this case. (Reply in all cases if no information on record)	
<input checked="" type="checkbox"/> 14	What is the Photograph No?	

E-1

Place Rommel 1232.

REPORT OF DISINTERMENT AND REBURIAL

Date Mar 7, 1922.

1. REMAINS OF COMAS, Kostas SERIAL NUMBER 2669640
RANK Pvt. ORGANIZATION C o. N. 210th Inf.

2. Disinterred (date): Mar 7, 1922 From (give complete location): gr 2, sec 3, plot 1. C ty. 1232.

By: Group 4 Unit sec 1

3. Reburied (date): March 15, 1922 In (give complete location): Meuse Argonne Cty #1232, Gr. 17, Bl. B Row 9

By: Group Reburial S Unit Uraline casket
Nature of reburial

4. Report as to nature of original burial and condition of body upon disinterment:
wooden box and burlap and U.S. uniform. badly decomposed, unrecognizable.

5. (a) Identification tags: Buried with body? yes. On grave marker? no

(b) Other means of identification found upon disinterment, and general remarks:
disc on body reads: (Comas Kostas 2669640)

6. What does examination of body show as regards the following identifying items?

(a) Height (actual measurement) impossible to measure.

(b) Weight (estimated) do

(c) Hair—Color do

Quantity do

Characteristics do

(d) Hair on face—Color do

Location do

Quantity do

(e) Permanent marks on body (old scars, peculiarities

or missing parts) do

(f) Wounds or missing parts (received at time of casualty)

none visible.

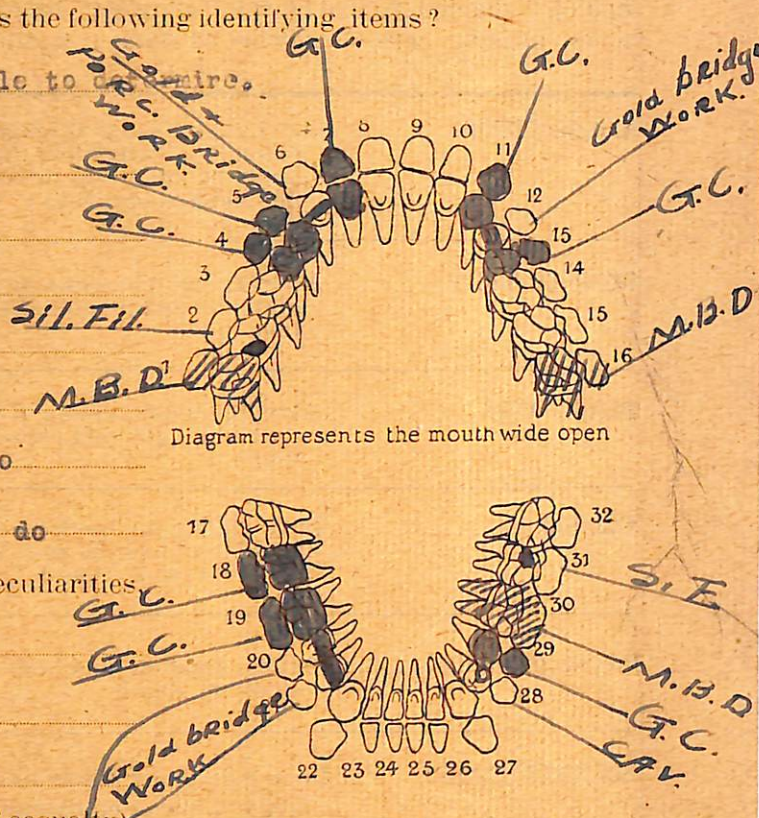
30753

7. Disinterment supervised by Roy M Perry
R.M. Perry.

Approved: Geo. C. Bland
Geo. C. Bland 1st Lt. Q.M.C.
(Title)

8. Reburial supervised by W.B. Shields
W.B. Shields

Approved A.E. Dewey, 1st Lt. Q.M.C.
(Title)



INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 16-A

Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 1-a, reporting reburial locations. To be used in answer to Question 26, Form 114, in case no means of identification on body.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.

2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.






3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.

4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.

5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".

(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No 6.

6. Give all information as to body description and dental chart as nearly correctly as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETH	All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :	
CROWNED TEETH	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :	
BRIDGE WORK	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge) thus :	
FILLINGS	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :	
CARIES (CAVITIES)	Outline location and size of cavity, shade in thus :	
DENTURES (PLATES)	Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"	

7. Show name of person supervising the disinterment and the name and title of the person approving same.

8. Show name of person supervising the reburial and the name and title of the person approving same.



To be prepared in triplicate.

DATE March 7, 1922.REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY
nam

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name COMAS, Kostas

10. Name

2. No. 2669640

11. No.

3. Rank Pvt.

12. Rank

4. Org. Co. M. 310th Inf.

13. Org.

5. D.D. Oct. 19th.

14. (a) D.D.

6. C.D. MIA(b) D.B. None.

Discrepancy found upon disinterment

7. Grave No. 2 Sec. 3

15. Grave No. Sec.

8. Plot 1 Row

16. Plot Row

9.

17. None.18. Cemetery Meuse-Argonne Amer.19. Commune or town Romagne-sous-Montfaucon20. Dept. or County Meuse.21. Country France22. G.R.S. Hdqrs. Code No. 1232 - 323. Disinterred (Date) March 7, 1922.By Roy M. Perry.

24. Inscription on grave marker:

Name COMAS, KostasSerial No. 2669640Rank Pvt.,Organization C o.M., 310th. Inf.25. Was identification disc found on grave marker? No On body? YesRoy Brown
Signature Junior Technical AssistantRoy Brown.

PREPARATION

26. What other means of identification were on body? (If no disc or other means of identification on body, give description of body in detail).

None.27. Condition of body Badly decomposed; features unrecognizable.28. Nature of burial U. S. Uniform; burlap; wooden box.29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? None.30. Body prepared and placed in casket: Date March 7, 1922. By Roy M. Perry31. Casket sealed by Roy M. Perry

Signature of Embalmer, (Supervisor

Roy M. Perry
Roy M. Perry.*See 3 Pt 1*

SHIPMENT. (Show actual marking of box.)

Box No

C-25006



32. Designation of body:

Name **Kostas COMAS.**

Serial No. 2669640

Rank **Pvt.**

Organization

Co. M. 310th Inf.

33. Consigned to:

Name of Permanent Cemetery **Meuse-Argonne Amer. 1232, Romagne-sous-Montfaucon, Meuse.**

34. Casket boxed and marked (Date) **March 7, 1922.** By **Roy M. Perry**

35. I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

Signature of G.R.S. Inspector

Geo. C. Bland
Geo. C. Bland, 1st Lt., QMC.

36. Remarks

37. Shipped from point of ^{WS} Operation: (Date) **March 7, 1922.**

To point of Concentration **Morgue, Romagne.**

Convoyer **P.H. Doran.**

Signature Shipping Officer

G. F. Spann
G. F. Spann, Capt. QMC.

38. Received at Railhead or Point of Concentration: Date

By G.R.S. Representative

39. Shipped from Railhead or Point of Concentration: Date

To Permanent Cemetery

Convoyer

Signature Shipping Officer

40. Received: Date

G.R.S. Representative

41. Reinterred, **Meuse Argonne Cty #1232, March 15, 1922.**

(Date)

42. Grave No. **17**

Section

Block

43. Plot

B

Row

9

G.R.S. Representative

A. E. Dewey
A. E. Dewey, 1st Lt. QMC.

ccg

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File #89923

(a) Name COMAS, Kostas Ser. No. 2669640
(b) Rank Pvt. Organization Co. A, 309th Infantry
(c) Date of death 10/19/18 (d) Cause of death K/A

TYP. DMA ✓
CKR. B. J.

II. REGISTRATION CARD.—(Check Reg., Card Inf. against Loc., Ind., Inf.):

(a) Grave No. 2 Row --- Plot 1 Sec. 3 TYP. DMA
(b) Emerg. Address Anna Comas (mother) Cantes, Crete, Greece

III. Files of soldiers dying from contagious diseases --- CKR. B. J.

IV. A. G. O. DISPOSITION CARD:

ok card (3:21) 8:30

Date of receipt ---

(a) Name George Comas (b) Relationship Brother
(c) Address 803 Columbus Ave New York City, N.Y.
(d) Remains to be brought to U. S.? No
(e) To be interred in National Cemetery in U. S. at ---

(f) Shipping instructions upon arrival of body in U. S. ---

(g) Disposition instructions if not brought to U. S. ---

Examiner's Initials PF Date 3-15-1920

V. A. G. O. CORRESPONDENCE shows communication from ---

---, dated ---

confirming request in Par. IV., item ---, above, or requesting that ---

No correspondence

Examiner's Initials PF Date 3-15-1920

VI. G. R. S. FILES, CORRESPONDENCE—shows as follows: ---

No request for disposition

(a) Cancellation memos referred to? Yes PF

Examiner's Initials PF Date 3-15-1920

COUNTRY FRANCE

CEMETERY No. 1232-sec. 3

SHEET No. 35

CARDED

checked 4/19/21 mto

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File #89923

(a) Name COMAS, Kostas Ser. No. 2669640
 (b) Rank Pvt. Organization Co. A, 309th Infantry
 (c) Date of death 10/19/18 (d) Cause of death K/A

TYP. IMA
B.J.

II. REGISTRATION CARD.—(Check Reg., Card Inf. against Loc., Ind., Inf.):

(a) Grave No. 2 Row --- Plot 1 Sec. 3 TYP. IMA
 (b) Emerg. Address Anna Comas (mother) Santos, Crete, Greece

III. Files of soldiers dying from contagious diseases --- CKR. B.J.

IV. Information on which advice to Europe in letter of transmittal was based:

.....

V. Following advice forwarded to Europe by { cable on _____, 192
 letter of transmittal on MAR 24 1921, 192
Sec. #3
Par. 1 To be returned. *(L.S.)*

VI. Form 115 forwarded to G. R. S., Hoboken, N. J. APR 12 1921, 192

VII. SUPPLEMENTARY REQUESTS.

Date of and source.	Relationship and name.	Desires.	Action taken.
.....
.....
.....
.....
.....
.....

VIII. Form 115 received from G. R. S., Hoboken, N. J. APR 29 1921, 192

COUNTRY _____ CEMETERY No. _____ SHEET No. _____

4-5-4-11-21